

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesCHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐Check if different  
than previously  
reported. (ACC)

CHARLOTTE

NC

28203

2861

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00423871

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the  
State of

NC

(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Ann Rouse

Signature of Treasurer

Electronically Filed by Mary Ann Rouse

Date

10

22

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period:

From:

M M D D Y Y Y Y  
1 0 0 1 2 0 0 8

To:

M M D D Y Y Y Y  
1 0 1 5 2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2008</span>		102620.76
(b) Cash on Hand at Beginning of Reporting Period .....	111981.88	
(c) Total Receipts (from Line 19) .....	4002.86	47618.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	115984.74	150239.12
7. Total Disbursements (from Line 31) .....	20000.00	54254.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	95984.74	95984.74
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

Report Covering the Period:

From:

M M D D Y Y W Y  
1 0 0 1 2 0 0 8

To:

M M D D Y Y W Y  
1 0 1 5 2 0 0 8

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3923.52	37353.97
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	79.34	8887.97
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	4002.86	46241.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	4002.86	46241.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	163.48
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	212.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4002.86	47618.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4002.86	47618.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	54.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	54.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	54200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20000.00	54254.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	54254.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4002.86	46241.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4002.86	46241.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	54.38
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	163.48
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-109.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. George E Battle

Mailing Address 11516 Fox Hill Drive

City

Charlotte

State

NC

Zip Code

28269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ATTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6190

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Herbert L Bonkovsky

Mailing Address 2214 Cumberland Road

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6203

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 mon-  
thly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry L Bryson

Mailing Address 6503 Elfreda Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6223

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

91.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6201

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Augie M Campanello

Mailing Address 1900 Scott Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6198

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6238

Amount of Each Receipt this Period

35.00

Payroll Deduction \$35 mon-  
thly

SUBTOTAL of Receipts This Page (optional) .....

76.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6205

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. David M Ellerbe

Mailing Address 2610 Tanglewood Lane

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6208

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Leonard G Feld

Mailing Address 11310 Ballantyne Crossing Av

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6189

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

125.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6225

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul S Franz

Mailing Address 1320 FILLMORE AVENUE #413

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6191

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6220

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

520.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet D Handy

Mailing Address 8044 Silver Jade Drive

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6230

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E Hassett

Mailing Address 7733 Compton Court

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6229

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert V Higgins

Mailing Address 7112 Fairway Vista Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6227

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**SUBTOTAL** of Receipts This Page (optional) .....

108.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher R Hummer

Mailing Address 8304 Indigo Row

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinahHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6233

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinahHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6211

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert M Keener

Mailing Address 625 Club Drive

City

Stanley

State

NC

Zip Code

28164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinahHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6221

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**SUBTOTAL** of Receipts This Page (optional) .....

66.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott W Kerr

Mailing Address 2027 Ferncliff Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6199

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J Knox

Mailing Address 6530 Boykin Spaniel Road

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6224

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6214

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

87.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6234

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Donna Lockhart

Mailing Address 1341 E. Morehead St.  
Suite 101

City

Charlotte

State

NC

Zip Code

28204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6217

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6232

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

270.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles P McKay

Mailing Address 4735 Parview Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6212

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell W Moore

Mailing Address 15731 Pine Street

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6192

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott J Moroney

Mailing Address 7255 Willow Brook Court

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6228

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**SUBTOTAL** of Receipts This Page (optional) .....

91.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6219

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6200

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6188

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

833.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Lawrence W Raymond

Mailing Address 2539 Summerlake Rd.

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6207

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. F. Traylor Renfro

Mailing Address 811 E Morehead Street Apt 3

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6231

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathy M Rhyne

Mailing Address 1001 Pier Point Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6187

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

120.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Craig D. Richardville

Mailing Address 17235 Glassfield Drive

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6195

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael L Rose

Mailing Address 6901 Foxglove Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6226

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 mo-  
nthly

**C.**

Full Name (Last, First, Middle Initial)

Ms. Virginia Ellen Sheppard

Mailing Address 5345 Hillingdon Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6215

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

241.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald M Smidt

Mailing Address P O Box 901

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6236

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jody Jay Stock

Mailing Address 3466 Blue Jay Path

City

Fort Mill

State

SC

Zip Code

29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6209

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R Sullivan

Mailing Address 1722 Bellamy Circle

City

Albermarle

State

NC

Zip Code

28001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6194

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

71.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6202

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 mo-  
nly

B.

Full Name (Last, First, Middle Initial)

Dr. Alan R Thalinger

Mailing Address 2524 Flint Grove Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6206

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

C.

Full Name (Last, First, Middle Initial)

Ms. Laura J Thomas

Mailing Address 5019 Jarrell Court

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6213

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

SUBTOTAL of Receipts This Page (optional) .....

441.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennie R Underwood

Mailing Address 18324 Turnberry Court

City

Davidson

State

NC

Zip Code

28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6197

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen L Wagner

Mailing Address 4301 Morrowick Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6210

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6235

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystemOccupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6222

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34  
monthly

B.

Full Name (Last, First, Middle Initial)

Phyllis Wingate-Jones

Mailing Address 5522 Challis View Ln

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
emOccupation  
Hospital Admin SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6216

Amount of Each Receipt this Period

150.00

Payroll Deduction \$150 mo-  
nthly

C.

Full Name (Last, First, Middle Initial)

Zachary J Zapack

Mailing Address 1800 Camden Road  
Suite 107, #214

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
emOccupation  
Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6196

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67  
monthly

SUBTOTAL of Receipts This Page (optional) .....

650.01

TOTAL This Period (last page this line number only) .....

3923.52

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hayes for Congress	<b>Transaction ID:</b> SB23.6243 <b>Date of Disbursement</b>
Mailing Address Post Office Box 2000	<div> <div>10</div> <div>07</div> <div>2008</div> </div>
City Concord State NC Zip Code 28026	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<div>5000.00</div>
Candidate Name Robert Cannon Hayes	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Heath Shuler for Congress	<b>Transaction ID:</b> SB23.6248 <b>Date of Disbursement</b>
Mailing Address PO Box 8446 951 Old Fairview Road	<div> <div>10</div> <div>07</div> <div>2008</div> </div>
City Asheville State NC Zip Code 28803	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<div>2500.00</div>
Candidate Name Heath Shuler	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee	<b>Transaction ID:</b> SB23.6249 <b>Date of Disbursement</b>
Mailing Address PO Box 36831	<div> <div>10</div> <div>07</div> <div>2008</div> </div>
City Charlotte State NC Zip Code 28236	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<div>2500.00</div>
Candidate Name MEL WATT	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mike McIntyre for Congress	<b>Transaction ID:</b> SB23.6240 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	8												
City Lumberton State NC Zip Code 28359	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Mike McIntyre	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Myrick for Congress	<b>Transaction ID:</b> SB23.6244 <b>Date of Disbursement</b>																				
Mailing Address PO Box 37091	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	8												
City Charlotte State NC Zip Code 28237	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sue Myrick	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	<b>Transaction ID:</b> SB23.6239 <b>Date of Disbursement</b>																				
Mailing Address POST OFFICE BOX 5928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	8												
City WINSTON-SALEM State NC Zip Code 27113	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name RICHARD M BURR	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

A. Full Name (Last, First, Middle Initial)  
RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
RICHARD M BURR

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6250

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

4500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

20000.00